#### 814. SCHEDULE F - ALLOCATION STATISTICS

- 2. Line 3. Total licensed bed days available shall be determined by multiplying the number of licensed beds in the period by the number of days in the period. Take into account increases and decreases in the number of licensed beds and the number of days elapsed since the changes. If actual bed days are greater than licensed bed days available, actual bed days shall be used.
- 3. Line 4. Enter patient days for all patients in the facility. A patient day shall be the care of one patient during the period between one census taking period on two successive days, including bed reserve days. The day of admission shall be included and the day of discharge excluded. Do not include both. When a patient is admitted and discharged on the same day, this period shall be counted as one day.

Page 814.09

### 814. SCHEDULE F - ALLOCATION STATISTICS

- 4. Line 5. Percentage of occupancy shall be the percentage obtained by dividing total patient days by bed days available. The percentage calculation shall not be carried beyond one decimal place (xx.x%).
- 5. Line 6. A Medicaid patient day of care shall be an inpatient or bed reserve day covered under the Medicaid Program. A patient days covered by the Medicare Program for which a co-insurance or deductible is made by the Medicaid Program shall not be considered a Medicaid day.
- 6. Line 7. The percentage of Medicaid occupancy shall be Medicaid inpatient days (Line 6) divided by total patient days (Line 4). The percentage computation shall be carried to four decimal places (xx.xxxx%).

Page 814.10

TN # 96-10
Supersedes
TN# 90-6

### 814. SCHEDULE F - ALLOCATION STATISTICS

F. Section F - Additional Statistics

This section of Schedule F provides for recording information pertaining to the operating screens from the facility's financial records and other schedules in the cost report. This section shall be completed by all providers.

1. Line 1 - Direct Routine Nursing Hours

The direct routine nursing hours figure shall be the total of all paid hours relating to nursing functions performed in and for the CNF unit(s). This information shall be obtained from the payroll records of the facility.

Paid hours shall include overtime, vacation, holiday, and sick leave.

Nursing functions shall include direct patient care activities (e.g.

administration of medications, bathing, patient supervision, charting), as
well as nurse administration functions

Page 814.11

TN # <u>96-10</u> Supersedes TN# <u>90-6</u> Approved MAY 1 6 2001

### 814. SCHEDULE F - ALLOCATION STATISTICS

(e.g. staff scheduling, staff recruitment and evaluation) performed by aides, orderlies, LPNs, RNs, nurse consultants, and directors of nursing. DO NOT include paid hours of dietary aides, housekeeping, or similar support service personnel even though these may be under the administrative jurisdiction of the nursing department. Paid hours of nursing personnel who also work in other care level units (e.g. P.C.) in addition to ICF and SNF shall be allocated amount the care units based on the percentage of time spent in each unit.

### 2. Line 2 - Direct Dietary Hours

Direct dietary hours include the total of all paid hours related to the dietary department. This information shall be obtained from the payroll records of the facility.

Paid hours shall include overtime, vacation, holiday, and sick leave.

Include only paid hours of employees normally assigned to the dietary department and the administration of that department. DO NOT include paid hours of nursing aides or others who are not normally assigned to the dietary department even

Page 814.12

TN # <u>96-10</u>
Supersedes
TN# 90-6

### 814. SCHEDULE F - ALLOCATION STATISTICS

though they may perform some dietary related function (e.g. tray distribution or collection).

### 3. Line 3 - Direct Housekeeping Hours

Direct housekeeping hours shall include the total of all paid hours related to the housekeeping function. This information shall be obtained from the payroll records of the facility.

Paid hours shall include overtime, vacation, holiday, and sick leave.

Include paid hours of employees assigned to housekeeping functions, as well as the proportional time of employees in a maintenance job classifications who also perform housekeeping functions based on percentage of time spent. DO NOT include paid hours related to cleaning of the dietary areas unless these are cleaned by housekeeping or maintenance personnel.

Page 814.13

### 815. SCHEDULE G -DISCLOSURE SECTION

#### 815. SCHEDULE G - DISCLOSURE SECTION

This schedule shall be completed by all facilities.

- This section shall include the organizations with which the facility has contracts. A. Column 1 shall include the name of the organization, Column 2 shall include the type of business (i.e. management, respiratory, etc.); and Column 3 shall include the date of the contract.
- B. This section shall include protested amounts (non-allowable cost report items) in accordance with HCFA, Pub. 15-11, Section 115.2 (i.e. items in appeal, etc.). Column 1 shall list the item. Column 2 shall state the amount and Column 3 shall show the schedule and line number where the amount is included.

Page 815.01

Nursing Facilities Reimbursement Manual

### COMMONWEALTH OF KENTUCKY

Cabinet for Health Services

Department for Medicaid Services

## DEPARTMENT FOR MEDICAID SERVICES NURSING FACILITY PAYMENT SYSTEM

PART IX

ANNUAL COST REPORT

TN # <u>96-10</u>
Supersedes
TN# \_\_\_\_\_**9**0-**6** 

Approved MAY 1 6 2001

17.3.0

### TABLE OF CONTENTS

Schedule A:	Certification and Other Data	Page 900.01
Schedule B:	Statement of Income and Expenses	Page 900.03
Schedule C:	Balance Sheet and Computation of Equity Capital	Page 900.04
Schedule C-1:	Balance Sheet and Equity Capital Adjustments	Page 900.06
Schedule D-1:	Nursing Services Costs	Page 900.07
Schedule D-2:	Other Care Related Costs	Page 900.08
Schedule D-3:	Other Operating Costs	Page 900.09
Schedule D-4:	Capital Costs	Page 900.13
Schedule D-5:	Ancillary Costs	Page 900.14
Schedule D-6:	Reclassification of Expenses	Page 900.17
Schedule D-7:	Adjustments to Expenses	Page 900.18
Schedule E:	Ancillary Settlements	Page 900.19
Schedule F:	Allocation Statistics	Page 900.20
Schedule J:	Schedule J-Tax	Page 900.21
Medicaid-2: Suppl	lemental Medicaid Schedule (Computation of Dual Licensed Ancillary Cost)	Page 900.22
Medicaid-3 . Suppl	lemental Medicaid Schedule (Calculation of Reimbursement Settlement for Dual Licensed Beds)	Page 900.23
Schedule G	Disclosure Information	Page 900.24
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TN # <u>96-10</u>
Supersedes
TN# <u>93-14</u>

Approved MAY 1 6 2001

## ANNUAL COST REPORT SCHEDULE A CERTIFICATION AND OTHER DATA

Vendor Name				Vendor Num	uber	
For The Period	from	to	<u></u>			
Type of Control  1. Volumery   Church Other(Spec	Non-Profit	Corpor	•	<u>-</u>	County_	pecify)
i. In the amore	ent of costs to scheded which	os from Raisted Organizations to be reimbursed by the l h are the result of transactions v				
Yes	No	(If "Yes" complete parts C & to complete E & F, if applicat		res		
Costs incurred a	us the result :	of transactions with related orga	mizations.			
Schedule	Line #.	[town		Ass	ount	
	<del>                                     </del>	<del> </del>				i
Name of Owner		indirect connecthip of the relate	d organization. of Related Organiza	tion.		Percent
			•			
Statutant of Co	expensation (	of Owners			•	
Neme		Title & Function	Percent of Customery Work Week Devoted to Business	% of	Corp. Off. % of Vendor's Stock Owned	Total Compensation
L		I				<u> </u>

TN # <u>96-10</u>
Supersedes
TN# <u>90-6</u>

Approved <u>MAY 1 6 2001</u>

Eff. Date 7-1-96

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## ANNUAL COST REPORT SCHEDULE A CERTIFICATION AND OTHER DATA

	Assistant Administrators (Ot	her than Owners).		
- -	Name	Title	Percent of Customery Work Week Devoted to Business	Percent of Compens Period for th Employed Perio
•				
•				
•				
	·			
. ".	A change of ownership is def	of ownership in the past fiscal year? fined as the transfer of the assets of a a facility does not constitute a change		
···	Yes	No		
	If yes, indicate the new owner owned, list individuals.)	ers and the percent owned. (If corporat	•	
•		Neme	- In	
•		Veries	Percent Owned	
•				
		<del></del>		
•				
		<del></del>		
·				
•				
I	L. Cortification by Officer of Fer	cility		
•	[ HERERY CERTIFY that [ ]	have examined the accompanying Kent	retry Madicald.	
	Ansmal Cost Repor	rt for the period ended		
		owiedge and belief, they are true and risk the books and records of		
		program directives, except as acead.		<b>-</b>
	••			
	N.	(Signed)		
		Officer or Administ	retor of Facility	
			•	
		Title		
e e e e e e e e e e e e e e e e e e e	Transmittal #	Title	·	Page 900.
# <u>96-10</u>		Title	Eff. Date <u>7</u> -	Page 900.

### Attachment 4.19-D, Exhibit B

### SCHEDULE B Attachme STATEMENT OF INCOME AND EXPENSES

1. Total Patient Revenues   \$	VENDOR NAME			FYE
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TN # <u>96-10</u> Supersedes TN# <u>90-6</u> Approved MAY 1 6 2001

Eff. Date 7-1-96

Page 900.03

### ANNUAL COST REPORT SCHEDULE C

#### PAGE L

### BALANCE SHEET AND COMPUTATION OF EQUITY CAPITAL

VE	NDOR NAME				FYE
	•	VENDOR N	UMBER		
_			(1)	(2)	
		ASS	SEIS	(2)	(3)
	Current Assets		Per Books	Adjustments	Balance
1.	Cash		}		ì
2.	Notes and Accounts Receivable				1.
3.	Other Receivebles				
4.	Lass: Allowance for Uncollectable Ad	ccounts		)((	){(
	Inventory				
6.			<u></u>	ļ	<del></del>
	Investments			ļ	
8.	Other (Specify)			<del> </del>	<del></del>
		-			<del> </del>
	<del></del>			<del> </del>	<del></del>
					<del></del>
9.		Total Current Assets	\$	\$	IS
	Fixed Assets		1		1
				1	1
	Land				<del></del>
	<b>Building and Leasehold Improvements</b>		<u></u>	ļ	<u> </u>
12.			(	(	)(
	Fixed Equipment		ļ, <del>,</del>		<del></del>
14.	Less: Accumulated Depreciation Major Movable Equipment		<u> </u>	<u> </u>	) <u>K</u>
15. 16.			ļ,	(	)(
	Motor Vehicles		ļ	1	<del>/</del>
18.			,	1	)((
	Minor Equipment		P	1	<del>' </del>
20.			(	(	)((
	•				
1.		Total Fixed Assets	\$	\$	\$
	Other Assets			1	i
			[	[	{
	Investments ·				ļ
_	Lease Deposits		}		<del> </del>
♣.	Due from Owners or Officers (Specify)		<u> </u>	<u> </u>	<del> </del>
				<del> </del>	<del> </del>
		i	<del></del>	<del></del>	<del> </del>
					<del> </del>
	· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>
<b>5</b> .	Other (Specify)				1
					<del>                                     </del>
6.		Total Other Assets	\$	\$	\$
7.	. Total Assets		\$	\$	\$

Transmittal #1

Page 900.04

#### PAGE 2

### ANNUAL COST REPORT SCHEDULE C (cont.)

### BALANCE SHEET AND COMPUTATION OF EQUITY CAPITAL

VENDOR NAME VENDOR N	FYE		
• :			
LIABII	(1) LITIES	(2)	(3)
	<u> </u>		
Current Liabilities	Per Books	Adjustments	Balance
28. Accounts Payable			· ·
29. Notes Payable		<del></del>	<del> </del>
30. Current Portion of Long Term Debt			<del> </del>
31. Salaries and Fees Payable		1	
32. Payroll Taxes Payable		1	
33. Income Taxes Payable		<del> </del>	1
34. Deferred income Payable			
35. Other (Specify)			
The Administration of the Wilder		<del> </del>	<u> </u>
36. Total Current Liabilities	\$	\$	\$
Y and Town Viabilities			İ
Long Term Liabilities		İ	
37. Mortgage Payable			
38. Notes Payable		<del> </del>	<del> </del>
ov. Hotel ayable		<del> </del>	<del> </del>
39. Total Long Term Liabilities	s	\$	\$
			1
40. Total Liabilities	\$	\$	\$
	•		
CAPITAL AND O	יים ישמיניניי	Triplet.	
CALLADO	WINERS EVO	111	
41. Common Stock		Ţ	
42. Preferred Stock			
43. Treasury Stock			
44. Retained Earnings			
45. Other (Specify)			<u> </u>
			T
· · · · · · · · · · · · · · · · · · ·			
	ļ <u></u>	<del></del>	<u> </u>
46. Total Capital and Owners' Equity	\$	\$	\$ .
47. Total Liabilities and Capital	\$	\$	\$

TN # <u>96-10</u>
Supersedes
TN# \_\_\_\_90-6

Approved MAY 1 6 2001

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## ANNUAL COST REPORT SCHEDULE C-1 BALANCE SHEET AND EQUITY CAPITAL ADJUSTMENTS

VENDOR NAME	FYE
VENDOR NUMBER	

			CLASSIFICATION	T
ITEM	· EXPLANATION	AMOUNT	ADJUSTED ACCOUNT	LIN
1				
2				
3			,	
4				
5	<u> </u>			<del> </del>
6				<del></del>
7				<del> </del>
9				<del> </del>
10			<del>                                     </del>	+
111				
12				
13				
14				1
15				
16				
17				1
[8]				↓
19				<del> </del>
20	· · · · · · · · · · · · · · · · · · ·			<del> </del>
21				┼
22				+
23				+
25				<del>                                     </del>
26				1
27				1
28				
29				1
30				
31				<del></del>
32				<del> </del>
33				<del> </del>
34	<u> </u>			<del> </del>
35				
36				<del> </del>
37			<del> </del>	+
39			<del>}</del>	<del></del>
			<del> </del>	1
40	<del></del>			
42				
43				
44				
45				
46				
47				1
. 48				<del></del>
49			<u></u>	-
50				
SL				<del>                                     </del>
51 52 53				-
53				<del> </del>
54				<del> </del>
55				<del> </del>
56	TOTAL	1	1	1

	<u> </u>	Page 900.06
TN # 96-10	Approved MAY 1 6 2001	Eff. Date 7-1-96
Supersedes		
TN# 90-6		

# Page 900.07

### ANNUAL COST REPORT -- SCHEDULE D-1 -- NURSING SERVICES COSTS

VE	NDOR NAME			VENDOR NUME	BER			PYB
	(1)	(2)	(3)	(4)	(5)	(6) Direct	(7) Certified	(8) Non-Certified &
		Per Books	Reclass-	Adjust- ments	Adjusted Balance	Cost or	Nursing Facility Alloc. of Costs	Non-Nursing Fac. Alloc. of Costs
	Director of Nursing Salary					1		7507 07 05 0.0
-	R.N. Salaries							
3	L.P.N. Salaries							
4								
	Aides Salaries		<u> </u>					
6	Other Salaries							
7			<u> </u>					
8						\\		
9	Subtotal-Salaries							
10	Employee Benefits Reclassification		1					
11	Nursing Contracted Services							
12	Medical Records Salaries							
13	Medical Director Fees							
14	Pharmacy Consultant Fees							
15	Physician Services						··	· · · · · · · · · · · · · · · · · · ·
16	Nursing Education & Training						<del></del>	
17	Nursing Travel Expense						·	
18	Medical Supplies							
19	Adult Diapers & Underpads					1	······	
	Nursing Equipment Rental							
	Nursing Small Equipment Purchases					1		
	Other Expense							
	Other Expense						<del></del>	
	Other Expense		1			1		
25	Other Expense			1		1		
	Other Expense					<del>                                     </del>		
27			1			+	<del></del>	
28	Other Expense					1		
29	Other Expense					1		
30	Other Expense			1		1		
31	Other Expense		<u> </u>			1		
32	Other Expense	·				+		·
33	Other Expense	<del></del>				1		
34	Total		<u> </u>			1		<del></del>
		عيب عرب والمحاولات			100			

Attachment 4.19-D, Exhibit B

Approved MAY 1 6 2001

Eff. Date

### ANNUAL COST REPORT -- SCHEDULE D-2 -- OTHER CARE RELATED COSTS

VENDOR NAME			VENDOR NUM	BER			FYE
(1)	(2)	(3) Roclass-	(4) Adjust-	(5) Adjusted	(6) Direct Cost or	(7) Certified Nursing Facility	(8) Non-Certified & Non-Nursing Fac
Care Related	Books	ifications	• monts	Balanca	Alloc.	Alloca. of Costs	Alloca. of Costs
1 Activities Salaries			1				<u> </u>
2 Social Services Salaries							
3 Other Salaries	_						
4 Other Salaries	_						
5 Other Salaries	_						
6 Subtotal-Salarios .						•	
7 Employee Benefits Reclassification							
8 Activities Supplies							
9 Social Services Supplies							
10 Training & Education Expense							
11 Travel Expense							
12 Other Expense							
13 Other Expense							
14 Other Expense							
15 Other Expense							
16 Other Expense	_						
17 Other Expense	[						
18 Other Expense							
19 Other Expense							
20 Other Expense							
21 Other Expense							
22 Other Expense							
23 Other Expense		1	1				
24 Other Expense							
25 Other Expense							
26 Other Expense			1				
27 Other Expense							
28 Other Expense							
29 Other Expense							
28 Other Expense 29 Other Expense 30 Other Expense 31 Raw Food							
31 Raw Food							
32 Total							

	VENDOR NAME			VENDOR NUM	BER			FYE	<u> </u>
ł	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	. (9)
<u>≯</u>						Direct	Certified	Non-Certified &	Ancillary
Approved		Per	Roclass-	Adjust-	Adjusted	Cost or	Nursing Facility	Non-Nursing Fac.	Hospital-Based
8	•	Books	ifications	ments	Balance	Alloc.	Alloca. of Costs	Alloca. of Costs	Facility Only
₩ I	Dictary								
اے	1 Dietary Salaries							<u> </u>	
_	2 Other Salaries		<u> </u>					<u> </u>	
MAY	3 Other Salaries							<u> </u>	
1 1	4 Other Salaries				·				
1 6	5 Subtotal-Salaries	:							
I I	6 Employee Benefits Reclassification								
2001	7 Dietary Consultant Fees								
<b>F</b>	8 Dietary Supplies								10
' (	9 Equipment Rental								X887 (2004)
i	10 Small Equipment Purchases								
1	11 Other Dietary Expense								
	12 Other Dietary Expense			·				· _ ·	
- 1	13 Other Dietary Expense								
_	14 Other Dietary Expense	<u> </u>						<u> </u>	
Eff.	15 Other Dietary Expense		<u> </u>			<u> </u>			
	16 Other Dietary Expense		<u> </u>						
Date	17 Other Dietary Expense					ļ			
ਲ	18 Other Dietary Expense		<u> </u>			1		<u>.                                    </u>	
11.	19 Other Dietary Expense	L	1		<u> </u>			<u> </u>	
	20 Total Dietary Expense	L						<u> </u>	
	Housekeeping & Plant Operation	propriese processor in the supersystems of the	tra y 1960 de telencia y co <del>letto ferencias e polome</del> rco como an	The second second second second second	former a majoration granical and a factor consisted	3			
	21 Housekeeping Salaries								
	22 Plant Oper. & Maint. Salaries								
	23 Other Salaries								
	24 Other Salaries					T			
_ :	25 Other Salaries					1			
	26 Subtotal-Salaries								
	27 Employee Benefits Reclassification		T			1			
3	28 Housekeeping Supplies		1			1			
3 :	29 Plant Oper. & Maint. Supplies		1					1	
- ;	30 Equipment Rental		1			1			
;	31 Repairs & Maintenance-Building					1	<del></del>		

### ANNUAL COST REPORT -- SCHEDULE D-3 -- OTHER OPERATING COSTS

PAGE 2

יאוופרוווי א.וא-ש, Exhibit B

	VENDOR NAME	·	VENDOR NUMBER							
	(1)	(2)	(3)	(4)	(5)	(6) Direct	(7) Certified	(8) Non-Certified &	, (9) Ascillary	
		Per Books	Roclass- ifications	Adjust- ments	Adjusted Balance	Cost or Alloc.	Nursing Facility Alloca, of Costs	Non-Nursing Fac. Alloca, of Costa	Hospital-Based Facility Only	
32	Repairs & Maintenance-Equipment									
33	Repairs & Maintenance-Grounds									
34	Small Equipment Purchases									
35	Gas									
36	Electricity									
37	Water & Sewage				-					
38	Garbage Pick-up								r	
39	Contracted Services									
40	Pest Control Services									
41	Property Taxes					•				
42										
43										
44	Other Hskg. & Plant Op									
45	Other Hskg. & Plant Op									
46	Other Hskg. & Plant Op					<u></u>				
47	Other Hskg. & Plant Op									
48	Other Hskg. & Plant Op.					ļ				
	Other Hskg. & Plant Op.								<u> </u>	
50	Other Hskg. & Plant Op.	<b></b>								
51	Other Hskg. & Plant Op					<b> </b>				
52	Other Hskg. & Plant Op					ļ				
53	Other Hskg. & Plant Op									
54	Other Hskg. & Plant Op			·						
55	Other Hskg. & Plant Op									
56	Total Housekeeping & Plant Oper.							,		
	Laundry							100 100 100 100 100	WILL BELLEVIOLE	
57	Laundry Salaries									
58	Other Salaries									
59	Other Salaries									
60									<b>建</b>	
61	Subtotal-Salarias									
62									THE REAL PROPERTY.	
63	Laundry Supplies					1			HERRICANIES.	

FYE\_ **VENDOR NAME** VENDOR NUMBER (2) (5) (6) (7) (8) (9) (3) (4) (1) Certified Non-Certified & Ancillary Direct **Nursing Facility** Non-Nursing Fac. Hospital-Based Cost or Approved Per Reclass-Adjust-Adjusted **Facility Only** Balance Alloc. Alloca. of Costs Alloca. of Costs Books ifications ments 65 Laundry Contracted Services 66 Other Laundry Expense\_ 67 Other Laundry Expense\_ 68 Other Laundry Expense\_ MAY 69 Other Laundry Expense\_ 70 Other Laundry Expense\_ 71 Other Laundry Expense\_ 6 72 Other Laundry Expense\_ 73 Other Laundry Expense\_ 74 Other Laundry Expense\_ 75 Total Laundry Expense Administrative & General 76 Salaries-Officers 77 Salaries-Administrator 78 Salaries-Office Staff 79 Other Salaries Eff. Date 80 Other Salaries 81 Other Salaries\_ Subtotal-Salaries 83 Management Fees 84 Home Office Costs 85 Board of Directors Fees 86 FICA 87 Workmen's Compensation 88 Unemployment Insurance 89 Medical Insurance 90 Life insurance 91 Telephone 92 Dues & Subscriptions 93 Office Supplies 94 Equipment Rental 95 Printing & Postage 96 Legal Fees 97 Accounting Fees

Attachment 4.17-D, Exhibit b

Approved

Eff. Date 1-1-96

### ANNUAL COST REPORT -- SCHEDULE D-3 -- OTHER OPERATING COSTS

PAGE 4

)	VENDOR NAME	VENDOR NUMBER						FYB			
	(1)	(2) Per Books	(3) Reclass- ifications	(4) Adjust- ments	(5) Adjusted Balance	(6) Direct Cost or Alloc.	(7) Certified Nursing Facility Alloca, of Costa	(8) Non-Certified & Non-Nursing Pac. Alloca. of Costs	(9) Ancillary Hospital-Based Pacility Only		
98	Contracted Services					1-1111-1					
99	Utilization Review										
100	Travel & Seminara										
101	Advertising-Help Wanted		:								
	Advertising-Other				·						
	Small Equipment Purchases										
	Licenses & Fees							<del></del>			
	Interest Expense-Non-Capital					l		<u> </u>			
106	Other Expense										
107	Other Expense		·					<u> </u>			
108	Other Expense					<b> </b>		<u> </u>			
109	Other Expense							<del></del>			
110	Other Expense			<b> </b>	<u> </u>	<del> </del>					
111	Other Expense					<del> </del>		<del> </del>			
112	Other Expense	<b> </b>		<u> </u>	<del> </del>	<del> </del>		<del> </del>			
113	Other Expense	<b> </b>			<del> </del>						
115	Other Expense			·	ļ.,	<del> </del>	<del></del>	<del></del>			
	Other Expense			<del> </del>	<del> </del>	1		<del> </del>	Name of the last o		
117	Other Expense					1					
	Other Expense			· · · · · · · · · · · · · · · · · · ·	<del> </del>	1					
	Other Expense			<del></del>	1	1					
120	Other Expanse							1:			
121	Other Expense					1			<b>建筑建筑建筑</b>		
122	Other Expense			1		1					
123	Other Expense			1					<b>建设的建筑建筑</b>		
124	Other Expense								· 國際開發開發期		
<b>70</b> 125	Other Expense										
g 126	Other Expense										
g 127	Other Expense								<b>第18818</b>		
<u> </u>	Other Expense							-l			
N 129	Other Expense		]			-		ļ			
130	Other Expense	1	1	1	!		!		Ermel and days and still a		